

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street) 1350 I Street NW
Suite 880
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00359539
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Donna Rebeck

Signature of Treasurer Electronically Filed by Donna Rebeck Date 04 19 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">99462.16</td></tr></table>	99462.16
Y	Y	Y	Y									
2	0	0	6									
99462.16												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">176108.89</td></tr></table>	176108.89										
176108.89												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">50169.00</td></tr></table>	50169.00	<table border="1" style="width: 100%;"><tr><td align="center">127387.00</td></tr></table>	127387.00								
50169.00												
127387.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">226277.89</td></tr></table>	226277.89	<table border="1" style="width: 100%;"><tr><td align="center">226849.16</td></tr></table>	226849.16								
226277.89												
226849.16												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">36299.55</td></tr></table>	36299.55	<table border="1" style="width: 100%;"><tr><td align="center">36870.82</td></tr></table>	36870.82								
36299.55												
36870.82												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">189978.34</td></tr></table>	189978.34	<table border="1" style="width: 100%;"><tr><td align="center">189978.34</td></tr></table>	189978.34								
189978.34												
189978.34												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	42000.00	106403.00
(i) Itemized (use Schedule A)	8169.00	20984.00
(ii) Unitemized	50169.00	127387.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50169.00	127387.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	50169.00	127387.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50169.00	127387.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1299.55	1870.82
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	36299.55	36870.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	36299.55	36870.82

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	50169.00	127387.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50169.00	127387.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michel A. McDonald

Mailing Address 319 Lynnwood Blvd

City State Zip Code
Nashville TN 37205-2928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Dean Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099262

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jane S. Wada

Mailing Address 399 Flintridge Oaks Dr

City State Zip Code
La Canada CA 91011-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099250

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John F. Gebhard

Mailing Address 11 Portuguese Bend Rd

City State Zip Code
Rolling Hills CA 90274-5072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099322

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Hazle Smith Konerding		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 205 Cyril Ln		Transaction ID: 12099220	
City Richmond	State VA	Amount of Each Receipt this Period 1000.00	
Zip Code 23229-7740			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Susan H. Weinkle		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 2423 Landings Cir		Transaction ID: 12099213	
City Bradenton	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 34209-9675			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Patricia P. Wyhinny		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 8 Corey Dr		Transaction ID: 12096728	
City South Barrington	State IL	Amount of Each Receipt this Period 500.00	
Zip Code 60010-9520			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Darryl M. Bronson

Mailing Address 767 Park Avenue W

City State Zip Code
Highland Park IL 60035-2400

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: 12093817

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Robert V. Kolbusz

Mailing Address 1 Robin Hood Rnch

City State Zip Code
Oak Brook IL 60523-2790

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099212

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James Selwyn Taylor

Mailing Address 28150 Fairmount Blvd

City State Zip Code
Pepper Pike OH 44124-4620

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099218

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Cynthia R. Strohmeier		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 702 Goodlette Rd N		Transaction ID: 12095212	
City Naples	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 34102-5628			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Jason L. Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 1 Fox Chase SW		Transaction ID: 12099290	
City Rome	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30165-8565			
FEC ID number of contributing federal political committee. C			
Name of Employer NW GA Dermatology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Mark Conrad Valentine		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 1501 W Horizon Dr		Transaction ID: 12099204	
City Mukilteo	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 98275-2111			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Gary J. Brauner

Mailing Address 231 Wilson Dr

City State Zip Code
Cresskill NJ 07626-1738

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12096053

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Janet G. Hickman

Mailing Address 107 Lee Cir

City State Zip Code
Lynchburg VA 24503-1336

FEC ID number of contributing federal political committee. **C**

Name of Employer Dermatology Consultants, Inc.
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12094574

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James A. Yeckley

Mailing Address 508 Buccaneer Bnd

City State Zip Code
Savannah GA 31406-3203

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12096879

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
William S. Sawchuk

Mailing Address 10000 Park Royal Dr

City State Zip Code
Great Falls VA 22066-1847

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: 12099201

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Paul William Becker

Mailing Address 340 W Wilson Ave

City State Zip Code
Spokane WA 99208-7223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: 12096443

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Diane M. Bernardi

Mailing Address 12277 County Road E35

City State Zip Code
Bryan OH 43506-8309

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: 12099219

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mitchell Arthur Anolik

Mailing Address 2310 E Allegheny Ave

City Philadelphia State PA Zip Code 19134-4401

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 01 / 2006

Transaction ID: 12099280

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mitchell L. Bressack

Mailing Address 33 Graymoor Ln

City Olympia Fields State IL Zip Code 60461-1209

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 01 / 2006

Transaction ID: 12095464

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Paul T. Rose

Mailing Address 6140 Bayside Dr

City New Port Richey State FL Zip Code 34652-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 01 / 2006

Transaction ID: 12099214

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Steven P. Rosenberg

Mailing Address 470 Columbia Dr

City State Zip Code
West Palm Beach FL 33409-1997

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Palm Beach Dermatology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: 12099226

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
David L. Kaplan

Mailing Address 12424 Aberdeen Rd

City State Zip Code
Leawood KS 66209-2431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: 12099221

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jaye E. Benjamin

Mailing Address 2450 Snowberry Ln

City State Zip Code
Pepper Pike OH 44124-4334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: 12096523

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Jennifer L. Vesper		Date of Receipt MM / DD / YYYY 03 / 01 / 2006
Mailing Address 2171 Oceanview Dr		Transaction ID: 12099217
City State Zip Code Tierra Verde FL 33715-2513	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) B. Allen Bruce Filstein		Date of Receipt MM / DD / YYYY 03 / 01 / 2006
Mailing Address 945 Buckingham Cir NW		Transaction ID: 12099244
City State Zip Code Atlanta GA 30327-2701	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) C. Rebecca J. Caserio		Date of Receipt MM / DD / YYYY 03 / 01 / 2006
Mailing Address 4142 Bigelow Blvd		Transaction ID: 12094875
City State Zip Code Pittsburgh PA 15213-1408	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer RJC Fox Chapel Dermatology Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Charles Irving Huddleston

Mailing Address 9732 Franklin Hill Blvd

City State Zip Code
Knoxville TN 37922-3331

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099338

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
David Michael Pariser

Mailing Address 933 Winthrope Dr

City State Zip Code
Virginia Beach VA 23452-3936

FEC ID number of contributing federal political committee. **C**

Name of Employer Pariser Dermatology
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099303

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Denis L. Beaudoin

Mailing Address 8226 Douglas Ave

City State Zip Code
Dallas TX 75225-5943

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12095916

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Deborah Armstrong

Mailing Address 900 Leisure Ln

City Greenwood State IN Zip Code 46142-8397

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12096319

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joseph J. Chanda

Mailing Address 207 Silver Palm Ave

City Melbourne State FL Zip Code 32901-3143

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2006

Transaction ID: 12123880

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Stephen Robert Damm

Mailing Address 200 Chorus Way

City Millersville State MD Zip Code 21108-1798

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2006

Transaction ID: 12123882

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Shari L. Barrett		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 3700 Bellemeade Ave		Transaction ID: 12127446	
City State Zip Code Evansville IN 47714-0102	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Robert Franklin Godwin		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 25317 Valley Dr		Transaction ID: 12127445	
City State Zip Code Bettendorf IA 52722-7317	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. William Galen Dunagin		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 144 Winterberry Dr		Transaction ID: 12129181	
City State Zip Code Franklin PA 16323-4452	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
William Brian O'Grady

Mailing Address 644 Oceanview Rd

City Brielle State NJ Zip Code 08730-1221

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: 12129345

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Patrick H. Burkhart

Mailing Address 1118 Whitehall St

City Maryville State TN Zip Code 37803-2814

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: 12129197

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jonathan R. Zirn

Mailing Address 47 Steep Hill Rd

City Weston State CT Zip Code 06883-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Dermcare P.C. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 12130883

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Carter G. Abel		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 36 Washington Valley Rd		Transaction ID: 12130884	
City State Zip Code Morristown NJ 07960-3413	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 300.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Nancy A. Leitch		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 3400 Lawndale Ln N		Transaction ID: 12128995	
City State Zip Code Plymouth MN 55447-1694	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert Harvey Tankel		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 15715 46th Ave		Transaction ID: 12128757	
City State Zip Code Flushing NY 11355-2353	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Alice Renee Barba		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 877 NE 73rd St		Transaction ID: 12129178
City Miami	State FL	Zip Code 33138-5227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Sharon S. Camden		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 11467 New Farrington Ct		Transaction ID: 12151769
City Glen Allen	State VA	Zip Code 23059-1629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. David I. Wolf		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 17790 Valle Verde Rd		Transaction ID: 12151784
City Poway	State CA	Zip Code 92064-1002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Kathleen L. Behr		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 1558 E Shadow Creek Dr		Transaction ID: 12151804	
City State Zip Code Fresno CA 93720-3536	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John G. Albertini		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 1529 Boxthorne Ln		Transaction ID: 12151781	
City State Zip Code Winston Salem NC 27106-4471	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Lawrence G. Blasik, JR.		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 1110 Glyngo Parkway		Transaction ID: 12151787	
City State Zip Code Brunswick GA 31525-7919	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
John Roger Stanley

Mailing Address 3400 Spruce Street

City Philadelphia State PA Zip Code 19104-4208

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pennsylvania Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 14 / 2006

Transaction ID: 12151797

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Cheryl Debbie Ackerman

Mailing Address 368 Ridgewood Ave

City Glen Ridge State NJ Zip Code 07028-1513

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 14 / 2006

Transaction ID: 12151799

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jerome R. Potozkin

Mailing Address 2502 Alamo Country Cir

City Alamo State CA Zip Code 94507-1495

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 14 / 2006

Transaction ID: 12151803

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Douglas K. Zirker		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 1762 NW Steidl Rd		Transaction ID: 12151774	
City State Zip Code Bend OR 97701-1857	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Allison Kingrey Divers		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 5743 Salisbury Drive Southwest		Transaction ID: 12151800	
City State Zip Code Roanoke VA 24018-3861	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Jeremy E. Rothfleisch		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address Apt 7E 435 E 79th St		Transaction ID: 12151771	
City State Zip Code New York NY 10021-1075	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. William Abildgaard		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 2721 Olive Hwy		Transaction ID: 12151788	
City State Zip Code Oroville CA 95966-6115	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Suguru Imaeda		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 141 Northwood Dr		Transaction ID: 12171651	
City State Zip Code Guilford CT 06437-1159	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Physician	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Diane Meg Davidson		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 491 Gold Star Hwy		Transaction ID: 12171650	
City State Zip Code Groton CT 06340-6226	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Physician	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Sandra Leah Zila-Eivins		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006
Mailing Address 1715 Latigo Loop		Transaction ID: 12174116
City State Zip Code Steamboat Springs CO 80487	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) B. Allan S. Wirtzer		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006
Mailing Address 4836 Van Nuys Blvd		Transaction ID: 12172476
City State Zip Code Sherman Oaks CA 91403-2101	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00
Name of Employer Self Employed Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

Full Name (Last, First, Middle Initial) C. Curtis A. Raskin		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006
Mailing Address 519 Oakshire Pl		Transaction ID: 12173880
City State Zip Code Alamo CA 94507-2327	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Robert Albergo

Mailing Address 1988 Lago Vista Blvd

City State Zip Code
Palm Harbor FL 34685-3332

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: 12172037

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Stephen L. Blum

Mailing Address 2511 Canyon Ridge Ct

City State Zip Code
Arlington TX 76006-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: 12174045

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Brian Wayne Lester

Mailing Address Apt 16
81 Green St

City State Zip Code
Brookline MA 02446-3317

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2006

Transaction ID: 12172354

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Steven J. Ugent		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 9 Highland St		Transaction ID: 12206193	
City State Zip Code Sharon MA 02067-1421	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ronald Ralph Brancaccio		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 67 Perry St		Transaction ID: 12206082	
City State Zip Code New York NY 10014-3245	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Jason L. Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 1 Fox Chase SW		Transaction ID: 12206081	
City State Zip Code Rome GA 30165-8565	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer NW GA Dermatology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Gary A. Dyer		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 802 N 25th St		Transaction ID: 12206189	
City State Zip Code Saint Joseph MO 64506-2706	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ted Brezel		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 61 Beacon Hill Rd		Transaction ID: 12206188	
City State Zip Code Port Washington NY 11050-3035	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Renuka Diwan		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 29101 Health Campus Drive		Transaction ID: 12206078	
City State Zip Code Cleveland OH 44145-5270	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Laser & Skin Surgery Center Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Meda E. McCarley Billys

Mailing Address 2820 W Main St

City State Zip Code
Visalia CA 93291-4331

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: 12206107

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Elizabeth A. Arthur

Mailing Address 500 Helendale Rd

City State Zip Code
Rochester NY 14609-3100

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: 12206105

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
David Allen South

Mailing Address 16 Oak Tree Ln

City State Zip Code
Aptos CA 95003-9577

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2006

Transaction ID: 12220148

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. John F. Gebhard		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006	
Mailing Address 11 Portuguese Bend Rd		Transaction ID: 12219825	
City State Zip Code Rolling Hills CA 90274-5072	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Marc A. Silverstein		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006	
Mailing Address 11720 Hollenbeck Way		Transaction ID: 12219983	
City State Zip Code Gold River CA 95670-8311	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Michael A. Bharier		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006	
Mailing Address 16 Woodbury St		Transaction ID: 12219828	
City State Zip Code Providence RI 02906-3510	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Heather L. Butler

Mailing Address 3663 Lombardy Rd

City Pasadena State CA Zip Code 91107-5630

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 6

Transaction ID: 12219830

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Jeffrey H. Binstock

Mailing Address 22 Battery St

City San Francisco State CA Zip Code 94111-5505

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 6

Transaction ID: 12219831

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William Preston Baugh

Mailing Address 301 W Bastanchury Rd

City Fullerton State CA Zip Code 92835-3419

FEC ID number of contributing federal political committee. **C**

Name of Employer Full Spectrum Dermatology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 6

Transaction ID: 12219827

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Paul S. Cabiran		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Ste 302 209 Hospital Dr		Transaction ID: 12221956
City State Zip Code Highlands NC 28741-7616	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician	
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Clay Scott Baker		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1037 N 3rd St		Transaction ID: 12222253
City State Zip Code Springfield IL 62702-3848	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician	
Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Kenneth D. Macknet		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 11306 Mountain View Ave		Transaction ID: 12222480
City State Zip Code Loma Linda CA 92354-3832	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician	
Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
David Broward Jackson

Mailing Address 3519 Watermelon Rd

City State Zip Code
Northport AL 35473-5174

FEC ID number of contributing federal political committee. **C**

Name of Employer Alabama Dermatology Assoc. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 12254183

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Steven R. Feldman

Mailing Address 807 Chester Rd

City State Zip Code
Winston Salem NC 27104-1707

FEC ID number of contributing federal political committee. **C**

Name of Employer Wake Forest University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 12254182

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Adrian M. Guevara

Mailing Address 736 S Allegheny Ave

City State Zip Code
Tulsa OK 74112-4327

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2006

Transaction ID: 12236168

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 40		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Brett D. Krasner

Mailing Address 1960 Cobblestone Lane

City State Zip Code
Charlottesville VA 22901-9435

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2006

Transaction ID: 12236179

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Soni S. Carlton

Mailing Address 307 Howard Dr

City State Zip Code
Lynchburg VA 24503-1714

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2006

Transaction ID: 12236164

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David A. Lorber

Mailing Address 9711 Skokie Blvd

City State Zip Code
Skokie IL 60077-1384

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: 12251511

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Glenn A. Dobecki

Mailing Address 571 Main St

City State Zip Code
South Weymouth MA 02190-1843

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: 12261875

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mitchell Arthur Anolik

Mailing Address 2310 E Allegheny Ave

City State Zip Code
Philadelphia PA 19134-4401

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: 12251469

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Steven Lee Hubert

Mailing Address 56 Stonecliff Rd

City State Zip Code
Princeton NJ 08540-2329

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: 12251507

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Thomas L. Davis

Mailing Address 221 Morningside Dr

City State Zip Code
San Antonio TX 78209-4733

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2006

Transaction ID: 12251476

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Gary Anthony McCracken

Mailing Address 8024 E Mercer Ln

City State Zip Code
Scottsdale AZ 85260-6562

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2006

Transaction ID: 12251504

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	42000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Hastert For Congress Committee		Transaction ID: 12312865 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 625 PO Box 625		Amount of Each Disbursement this Period 5000.00
City Batavia State IL Zip Code 60510		
Purpose of Disbursement	011 Category/Type	
Candidate Name Congressman J. Dennis Hastert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nathan Deal For Congress		Transaction ID: 12312841 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 3000.00
City Gainesville State GA Zip Code 30503		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Price For Congress		Transaction ID: 12312762 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077		
Purpose of Disbursement	011 Category/Type	
Candidate Name Mr. Thomas Price		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Schwarz For Congress		Transaction ID: 12312834 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1000.00
City Battle Creek State MI Zip Code 49016	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Schwarz, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Blue Dog Political Action Committee		Transaction ID: 12312846 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 5000.00
City McLean State VA Zip Code 22101	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Republican Congressional Committee		Transaction ID: 12312843 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 320 First Street SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: 12312848 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 430 South Capitol Street, SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Transaction ID: 12312849 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 425 Second Street, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: 12312852 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 120 Maryland Avenue, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶	35000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank One Checking

Mailing Address 111 East Busse Avenue

City Mount Prospect State IL Zip Code 60056

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 12328307

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1299.55

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

1299.55

TOTAL This Period (last page this line number only)

1299.55